



Louisiana Department of Natural Resources
Office of Conservation
Ground Water Resources Division

**Area of Ground Water Concern
Monthly Ground Water Usage Report**

PRINT OR TYPE

Company/Individual: _____ Facility: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: (____) _____

Fax: (____) _____ E-mail: _____

Reporting Month: _____ Year: _____

Please provide a water well location map for each well with the first form submitted.

DOTD WELL NO.	PARISH	PUMPAGE (UNITS)	SPECIFIC USE	STATIC WATER LEVEL	DATE MEASURED

Reports are due to the Ground Water Resources Division within 60 days of the end of the reporting month. Electronic versions of this form in MS Word, Word Perfect, and Adobe PDF are available at our website, <http://dnr.louisiana.gov/Cons/gwater> . Reports may be faxed to (225) 342-5529, or mailed to:

Office of Conservation
Ground Water Resources Division
P.O. Box 94275
Baton Rouge, LA 70804-9275

This form may be photocopied. If more room is needed, please use another copy of this form and indicate the page number in the heading. If you have any questions please call the Division at (225) 342-8244.

OWNER'S REPRESENTATIVE

I, (print name) _____, the undersigned, certify that I am authorized to report ground water use and other information for the abovementioned water well(s) as required by the Office of Conservation, Ground Water Resources Division. I hereby assure that all facts and documents submitted to the Division are true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____